



**DISTRICT OF COLUMBIA GOVERNMENT
OFFICE OF HUMAN RIGHTS**

EMPLOYMENT INTAKE QUESTIONNAIRE

**COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A
DISCRIMINATION CHARGE.**

Asterisks (*) are required fields.

1. COMPLAINANT

*Date:

*Name:

*Street Address:

*City:

*State:

*Zip:

(Format: NNN-NNN-NNNN)

(Format: NNN-NNN-NNNN)

Telephone (H):

Telephone (W):

Email:

*What language do you prefer to communicate in? :

English

Amharic

Chinese

Vietnamese

Korean

Spanish

Other (Please list)

Do you require a reasonable accommodation? If
so, please explain

Do you require language interpretation? If so,
what language

IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:

(Format: NNN-NNN-NNNN)

Name:

Telephone/Fax:

Street Address:

City

State

Zip

Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

2. RESPONDENT

Name of company or organization:

Name and Title of principal officer (i.e. President, Owner, Human Resources Manager):

Street Address:

City: State: Zip:

(Format: NNN-NNN-NNNN)

(Format: NNN-NNN-NNNN)

Telephone (H): Fax:

3. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that Category

*Do you feel you were discriminated against because of your:

Race	Sex	Age	Family Responsibilities
Political Affiliation	Disability	Genetic Information	Gender Identity or expression
Sexual Orientation	Marital Status	Matriculation	Color
National Origin	Religion	Personal Appearance	

4. JURISDICTION

*Please check all that apply:

*Alleged violation occurred in the District of Columbia.

*Alleged violation occurred 365 days or less from today's date.

*You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

5. ISSUES

*What action was taken that made you feel you were treated differently?

Family Medical Leave	Promotion	Transfer	Demotion
Retaliation	Sexual Harassment	Hostile Work Environment	Failure to Hire
Discharge	Discipline	Failure to Accommodate (i.e. Religion, Disability)	

Other:

6. DISTRICT OF COLUMBIA GOVERNMENT EMPLOYEES OR APPLICANTS

Please note: Pursuant to §105 of DCMR Title IV, all District Government employees must first consult an agency EEO counselor within 180 days of the alleged discriminatory act prior to filing with the Office of Human Rights, unless the District Government employee is alleging unlawful discrimination based on sexual harassment. The Office of Human Rights cannot process a complaint from a current or former District Government employee unless (1) the employee has received an exit letter from his/her agency EEO Counselor; (2) twenty-one days have passed since the matter was called to the attention of the agency's EEO counselor and no exit letter has been written; or (3) the employee is alleging unlawful discrimination based on sexual harassment.

You have filed an informal complaint with an agency assigned EEO Officer/ Counselor.

Counselor's Name:

Counselor's Agency:

Counselor's Telephone Number:

Date Filed:

Date of Exit Letter:

7. D.C. FAMILY AND MEDICAL LEAVE ACT

(Only complete section if your complaint deals with FMLA.)

*Have you been employed with this company for at least one (1) year and have worked at least one thousand (1,000) hours?

Yes No

8. WITNESSES

List whom you feel can corroborate your experience and provide evidence in your support.

Name:

e-mail Address

Telephone:

Name:

e-mail Address

Telephone:

Name:

e-mail Address

Telephone:

9. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying employment, promotion, training, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature of Potential Charging Party

*Date